

ences in the frequency with which the major diagnostic categories figure among U.K. and U.S. mental hospital admissions. A good initial hypothesis was that the discrepancies were due to differences in diagnostic habits on the two sides of the Atlantic, and the results show that this is indeed practically the whole story. Such differences as still remain, after the axe of diagnostic reliability has been truly swung, are likely to reflect differences in the availability of psychiatric facilities, admission policies, the existence of a National Health Service here, and the like.

The reliability of psychiatric diagnosis has become a fashionable topic over the past decade, perhaps because its importance has at last become widely appreciated, and possibly because the hunting down of sources of variation between psychiatrists is intrinsically a fascinating exercise for other psychiatrists. The earlier studies in the field—curiously described in the introduction as ‘pessimistic’—showed that under minimally structured conditions diagnostic agreement was generally rather low. Later investigations indicate that with a highly organized team reliability could be made much higher. It is likely that with enough training psychiatrists can be brought to agree completely on anything, and at a time when demonological theories were in vogue they would doubtless have succeeded in agreeing on just which devils were responsible for their patient’s plight. The point is of course that reliability is an issue of limited importance. It is a crucial consideration at the present stage of psychiatry, since it is essential for us to achieve a common language. But the task for the future is that of diagnostic *validity*. It is relatively more important to know whether one’s diagnosis is right or wrong than what company one keeps.

This point, among so many others, is lucidly brought out by the authors. The presentation is commendably straightforward and almost chatty at times. (There is a universal tendency for the learned monograph to approximate to the popular paperback.) The details will appeal to those who enjoy the statistical equivalent of playing with trains, though some may regret that it was not possible to use a crossover design of psychiatrists and patients on more than a token scale. However, this is but a minor point; the substantive findings deserve the attention of every clinician and research worker.

NORMAN KREITMAN.

DEPRESSION

Depressive Illness: Some Research Studies.

Edited by B. DAVIES, B. J. CARROLL and R. M. MOWBRAY. Chas. C. Thomas. 1972. Pp. 354. Price \$19.50.

This book represents a significant contribution to our understanding of the pathophysiology of depression. It presents the results of work carried out by Professor Brian Davies’s team and pays particular attention to the pituitary-adrenal axis. A useful summary of the normal physiology of this system is first presented, followed by an account of its disorder in depression. The plasma cortisol levels of depressed patients were found to be normal on admission to hospital but to fall significantly below normal on recovery. Extensive studies using the dexamethasone suppression test appeared to indicate some abnormality at the pituitary or limbic level, as a large number of depressives did not suppress their plasma cortisol levels in response to dexamethasone. This result correlated with agitation, weight loss and duration of illness. A group of schizophrenic patients, on the other hand, showed normal dexamethasone suppression. Studies of the HPA axis using various means of stimulation indicated that a group of depressed patients appear to have abnormalities of the HPA regulatory mechanisms similar to those seen in Cushing’s disease.

Chapters 8–10 present the results of research stimulated by the ‘amine’ theory of depression. The low level of serotonin metabolites in lumbar CSF and the low level of transfer of sodium from plasma to lumbar CSF were confirmed, but the alleged therapeutic effects of l-tryptophan were not. The last chapters cover the classification of depression, rating scales for depression and depression in general practice.

The research work is well planned and thoroughly executed and the book is well written.

J. R. SMYTHIES.

ANXIETY

Clinical Anxiety. By MALCOLM LADER and ISAAC MARKS. William Heinemann Medical Books Ltd. 1971. Pp. 202. £2.50.

Anxiety has been studied as a trait of personality and as a response of normal people to stress. In this book the authors have tried to concentrate on the ‘anxiety states’ of patients, but they inevitably introduce topics outside the usual clinical situation, for example, skin conductance and self-ratings of fear during parachute jumping. It is just the difference between normal anxiety, or fear, and, of course, morbid anxiety, which needs clarification. The authors suggest that internal stimuli, such as autonomic changes, can act as triggers and bring about a self-perpetuating reaction, but why they do so in patients but not in parachutists is still mysterious.

The chapters on clinical measurement and on physiological changes are especially interesting.